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REPORT OF THE EXECUTIVE DIRECTOR FOR 2013: PROGRESS IN IMPLEMENTING THE UNFPA STRATEGIC PLAN, 2008-2013

Summary

This report analyses the progress achieved by UNFPA in relation to the results frameworks for 2012-2013, which were developed following a midterm review of the UNFPA strategic plan, 2008-2013. The report takes stock of the challenges met and the lessons learned from implementing the UNFPA strategic plan. The report also outlines the progress achieved in implementing General Assembly resolution 67/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, in compliance with Economic and Social Council resolution 2013/5.

The main body of the report highlights key achievements. The annexes to the report, which are available on the UNFPA Executive Board web page (https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2014&sessionType=AS) provide more detailed analyses and information about UNFPA performance.

This report should be read in conjunction with the statistical and financial review 2013 (DP/FPA/2014/5 (Part I)/Add.1), which provides details of budgetary expenditures.

Elements of a decision

Elements of a decision are contained in section VI of the report.

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Annexes 1 to 12 are available on the UNFPA Executive Board web page (https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2014&sessionType=AS)

I. Introduction

1. This report analyses the progress achieved by UNFPA in relation to the results frameworks for 2012-2013, which were developed following a midterm review of the UNFPA strategic plan, 2008-2013. The report takes stock of the challenges met and the lessons learned from implementing the strategic plan. The report also outlines the progress achieved in implementing General Assembly resolution 67/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system (hereinafter referred to as the quadrennial comprehensive policy review), in compliance with Economic and Social Council resolution 2013/5. Resolution 2013/5 requests, inter alia, that the United Nations funds and programmes consolidate their current annual reporting on the implementation of the quadrennial comprehensive policy review within their reporting on the implementation of their strategic plans.

2. Compared to the pre-midterm review period, UNFPA, in 2012-2013, was stronger and more effective in positioning the agenda of the International Conference on Population and Development (ICPD) in the global development arena. This contributed to accelerating progress towards achieving Millennium Development Goal targets 5a and 5b, and to promoting emerging development priorities such as contraceptive choices, addressing the challenge of ageing populations, and promoting the interest of adolescents and youth.

3. This report consists of three principal sections: (a) the global context in which UNFPA implemented its results frameworks; (b) highlights of the UNFPA response to that context; and (c) progress achieved in relation to the results targets established in the results frameworks. The report concludes with elements of a decision that the Executive Board may wish to consider.

II. Global context

4. The year 2013 was marked by resolve as well as apprehension, as major global development milestones approached: the 20th anniversary of the 1994 ICPD Programme of Action and the conclusion of the Millennium Development Goal period.

5. General Assembly resolution 65/234 mandated UNFPA to undertake an operational review of the ICPD Programme of Action. As that review would confirm, the evidence revealed remarkable, but unequal, progress within and among countries in implementing the ICPD Programme of Action and in reaching the targets of the Millennium Development Goals. Since 1990, poverty rates have been halved; the maternal mortality ratio has declined by 45 per cent; more girls are in school; access to sexual and reproductive health has increased; and gender inequality has steadily declined. However, commitment to gender equality is not universal.

6. Gender-based discrimination and violence plague many societies. Maternal mortality remains especially high in the sub-Saharan countries. Worldwide, approximately 800 women die each day from causes related to pregnancy and childbirth. The economic and social gains of the Millennium Development Goal period are distributed unequally

and have come at a cost to the environment. This cost weighs the heaviest on the poor and marginalized – those who have the least resources to adapt, yet contribute the least to the drivers of environmental change.

7. Population dynamics shaped this development landscape. World population, at 7.2 billion, is projected to increase to 9.6 billion by 2050; most of the population growth will occur in the 48 poorest countries. While countries in America, Asia and Europe face rapid population ageing, African countries, and some Asian countries, have the largest ever cohort of young people. Due to internal mobility and migration, more than half of the world's population now lives in urban areas. Cities are growing at an estimated 1.3 million persons per week. Yet the increased opportunities that urban environments promise come with challenges, especially for young women, including housing insecurity, economic disparities and disenchantment, an increased risk of sexual violence, and high rates of reproductive ill health.

8. The global economy remained vulnerable. When compared to the unstable recovery from the 2008-2009 economic and financial crisis, global economic activity grew, particularly during the second half of 2013. However, global trade remained below its pre-crisis average; high unemployment persisted in many parts of the world; and capital flows to many developing countries declined. These economic trends were complicated by an uneven distribution of wealth that impeded inclusive economic growth, the reduction of poverty, and social and environmental sustainability. Inequalities due to income, gender, place of residence, ethnicity and race, disability, migrant status, sexual orientation and gender identity adversely impacted societies by negatively affecting people's dignity, health and productivity and by restricting the exercise of their human rights.

9. Major crises also occurred, resulting in a surge of humanitarian need worldwide. The number of people displaced by conflict reached an 18-year global high of 45.2 million people in 2012 and 2013. This increase came with protracted conflicts in Afghanistan, the Democratic Republic of Congo, Iraq, Mali, Somalia, South Sudan and the Syrian Arab Republic, and conflicts in the Arab States, Central Africa and Sahel regions. Devastating natural disasters struck, most recently in the Philippines. In many instances, such crises occurred in addition to poverty, insecurity and the lack of access to basic necessities, including lack of access to sexual and reproductive health services and insufficient means to combat violence against women and girls.

III. UNFPA response to the global context

10. In 2013, UNFPA enhanced its focus on addressing emerging issues in population dynamics, especially the bulging age group of young people in many developing countries and the ageing population in many developed countries. Young people, in particular, will be critical for addressing future development needs and opportunities; they will be central in implementing the post-2015 development agenda by virtue of their absolute numbers, particularly in poorer countries, and because of the challenge they must confront in supporting themselves and the growing population of older persons.

11. The focus on youth is reflected in recently formulated UNFPA programmes. Seventy-one per cent of country programmes formulated in 2013, compared to 7 per cent

formulated in 2011, had a separate programme outcome on adolescents and youths. In West Africa, the UNFPA programme that helps the Sahel countries to harness their youth population, and thus benefit from the demographic dividend, received direct funding of $100 million from the World Bank.

12. UNFPA designated one of the four outcomes in its new strategic plan, 2014-2017, on adolescents, recognizing that reproductive choices and sexual health are interlinked with other critical development issues, such as improving education and health systems, creating good jobs, and protecting and expanding human rights.

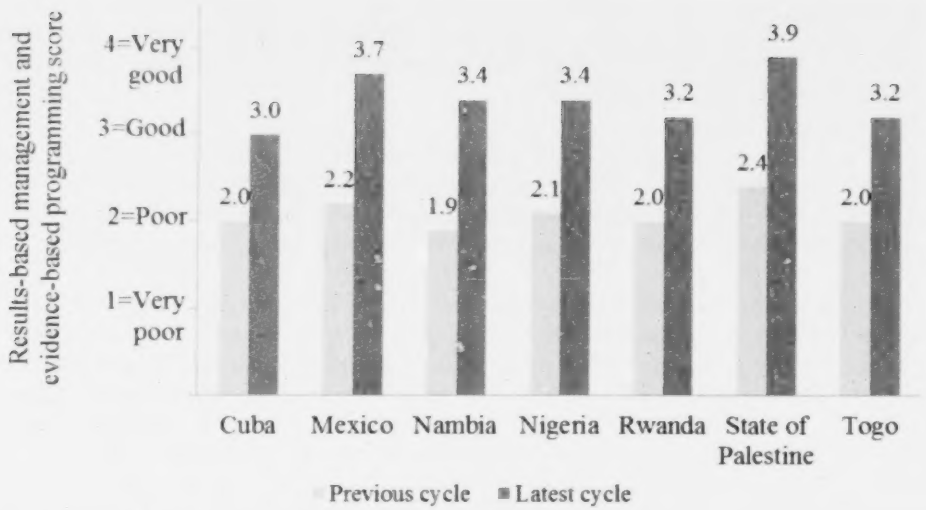
13. Increasing contraceptive choices and enhancing family planning are key to further reducing maternal mortality, especially in high-burden countries. UNFPA continued to play a leading role in these areas at global, regional and country levels. At the 2013 International Conference on Family Planning, at the 2013 Women Deliver conference, and through the first International Day to End Obstetric Fistula (23 May 2013), UNFPA reminded the world of the urgency of these concerns. Through continued collaboration with and support for African Union work on the campaign for the accelerated reduction of maternal mortality in Africa, UNFPA nuanced global themes with regional and local ones.

14. UNFPA also hosted the Reproductive, Maternal, Newborn and Child Health Trust Fund; co-chaired the Family Planning 2020 reference group; co-led, with the United States Agency for International Development, the Family Planning 2020 country engagement working group; and served as a member of the Family Planning 2020 working groups on performance monitoring and accountability, rights and empowerment, and market dynamics (see annex 6).

15. UNFPA continued to implement its strategy for mainstreaming humanitarian response in country and regional programmes and operations. In 2013, UNFPA emergency funds to country offices enabled UNFPA to scale up operations in a timely manner (see annex 5). As a result, UNFPA provided life-saving sexual and reproductive health services and implemented gender-based violence protection initiatives that reached more than 500,000 women in 17 countries.

16. In 2013, UNFPA strengthened programme and results planning. The quality of its country programme documents improved. Country programme documents developed in 2012-2013 focused on fewer outcomes, and all of them received a rating of at least "good", in relation to the results-based management and evidence-based programming criteria. As shown in figure 1, this demonstrates a significant improvement from the previous cycle.

Figure 1: Results-based management and evidence-based programming score of country programme documents, by programme cycle and by country



Source: UNFPA Programme Review Committee

17. UNFPA consolidated its efforts to be a field-focused organization. In the 2013 country office annual reports, 98 per cent of UNFPA country offices reported that they were satisfied with the timeliness of support from the regional offices, and 97 per cent reported that they were satisfied with the quality of that support. Two key UNFPA accomplishments in 2013 support this field focus: (a) the establishment of a sixth regional office, for West and Central Africa; and (b) the introduction of an integrated service desk that handled over 6,500 cases between its June 2013 launch and the end of the year.

18. Programme evaluation improved. In 2013, UNFPA revised its evaluation policy (DP/FPA/2013/5), and established an independent Evaluation Office. The revised policy reflects efforts made over the past two years to strengthen evaluation capacity within UNFPA and to improve the production of high-quality and credible corporate and country programme evaluations.

19. In 2013, UNFPA prioritized the review of the ICPD Programme of Action, the approaching deadline for the achievement of the Millennium Development Goals, and the post-2015 development agenda.

20. In preparation for the 2014 ICPD global review, UNFPA supported consultations at five regional population and development conferences and at global thematic conferences and meetings on adolescents and youth, human rights and women's health (see annex 3). These initiatives helped to build strong stakeholder-based consensus on ICPD issues. In addition, UNFPA conducted a survey to which 176 countries and seven territories responded. That survey provides the most comprehensive and up-to-date account of achievements at the country level and the remaining gaps with respect to the implementation of the ICPD Programme of Action.

21. UNFPA led the United Nations production of a global report on the status of the implementation of the ICPD Programme of Action. This report reaffirmed the core messages of the Programme of Action. It highlighted five thematic pillars: (a) dignity and human rights; (b) health; (c) mobility and place; (d) governance and accountability; and (e) sustainability. These pillars focus attention on critical pathways to sustainable development, demonstrating the importance of the ICPD Programme of Action to the post-2015 development agenda.

22. UNFPA was actively engaged in the dialogue for the post-2015 development agenda. UNFPA provided data and other evidence so that the dialogue would take into consideration human rights-based approaches, population dynamics, and gender equality and the empowerment of women, including universal access to sexual and reproductive health and reproductive rights, and the reduction of maternal mortality. During this advocacy, UNFPA explained how young people must be a major focus in the post-2015 agenda if sustainable and inclusive development is to advance. UNFPA supported and participated in global and regional consultative meetings to share evidence and advice that increased stakeholder understanding of and support for these issues (see annex 4).

23. During 2013, UNFPA finalized its strategic plan, 2014-2017. This enabled UNFPA to undertake a comprehensive review of its work and to restate its strategic direction in response to the global population and development context. The new strategic plan affirms the UNFPA focus on: (a) advancing universal access to sexual and reproductive health; (b) improving the lives of the underserved, especially of women, adolescents and youth; (c) upholding human rights and gender equality as enablers of development; and (d) employing data on population dynamics to help Member States base their policies on evidence.

24. To promote this strategic direction, UNFPA introduced three mutually reinforcing organizational changes: (a) an improved integrated results framework; (b) a new business model, which differentiates UNFPA modes of engagement according to country needs and the ability to finance development; and (c) integrated funding arrangements that rationalize and align funding to the business model. In support of the new strategic plan, UNFPA submitted its first integrated budget estimates, 2014-2017, to the Executive Board at its second regular session 2013.

25. To support United Nations reform, UNFPA aligned, in substance and in timing, its strategic plan, 2014-2017, with the quadrennial comprehensive policy review. It continued to participate, and in some areas co-lead, inter-agency initiatives to advance reforms and system-wide coherence. UNFPA also participated in joint programmes at global and country levels.

26. In the area of financial management, UNFPA received an unmodified audit opinion; reduced operating fund account balances; joined the International Aid Transparency Initiative; and published its first set of data to the open data registry of the Transparency Initiative. UNFPA adhered fully to the international public sector accounting standards.

27. In 2013, to achieve a more business-oriented, agile and efficient Division for Human Resources, UNFPA developed a new human resources strategy, 2014-2017, that

aligns human resources management with the objectives of the UNFPA strategic plan, 2014-2017, and the business model.

28. In 2013, each regional office had a communication adviser, and 59 per cent of country offices had a full-time communication focal point. UNFPA also launched the "one-voice" global communication strategy to strengthen coherence in its internal and external communications.

29. UNFPA was featured in top-tier global media outlets as a key player at world events. It was covered in 13 of 15 of the world's most influential English publications or media outlets. The number of UNFPA Facebook followers increased eightfold, reaching nearly 72,000. The number of its Twitter followers more than doubled. UNFPA also established a presence on other social media platforms, such as Instagram.

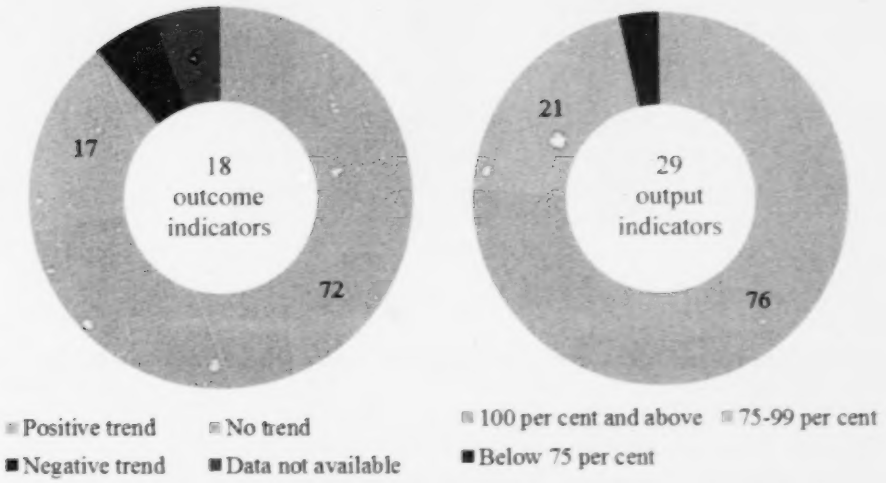
IV. Development results

30. This section covers progress achieved under the development results framework for 2012-2013, which includes seven outcomes and 18 outputs. It provides associated expenditure information. It also reports on the achievements of the indicator targets of the UNFPA country programmes (see annex 7 for region-specific progress).

A. Overall achievements

31. Overall, trends indicate progress towards the outcomes of the strategic plan, 2008-2013. As shown in figure 2, 72 per cent of the outcome indicators showed positive trends, while 17 per cent did not show any trend during this period.

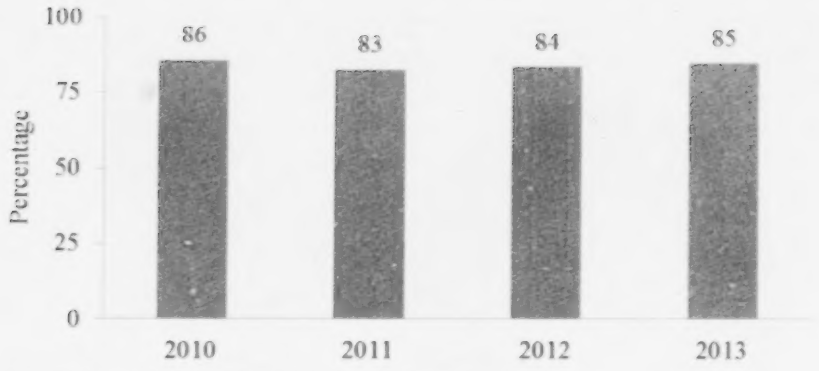
Figure 2: Outcome indicator trends and achievement of output indicator targets, 2013 (percentages)



32. UNFPA achieved 100 per cent of its targets for 22 of the 29 indicators for the strategic plan's 18 outputs. It achieved between 75-99 per cent of its targets for six of the remaining indicators. The target for one indicator – the condom generation framework – fell below 75 per cent. That target was implemented in seven instead of 10 countries, primarily due to a lack of appropriate implementing partners.

33. Figure 3 indicates that between 2010 and 2013, on average, 85 per cent of country offices achieved at least 75 per cent of their annual workplan output indicator targets. Analysis of the 2013 annual report data showed that the main drivers of underperformance included the delayed signing of annual workplans and challenging political, fragile, crisis and security contexts. A few country programmes have underperformed for two or three consecutive years. Country-specific follow-up by joint headquarters and regional office teams is under way to reverse the underperformance.

Figure 3: Percentage of UNFPA country offices that achieved at least 75 per cent of their annual workplan output indicator targets, 2010-2013



Source: UNFPA country office annual reports, 2010-2013

B. Financial expenditures, by development results framework outcomes

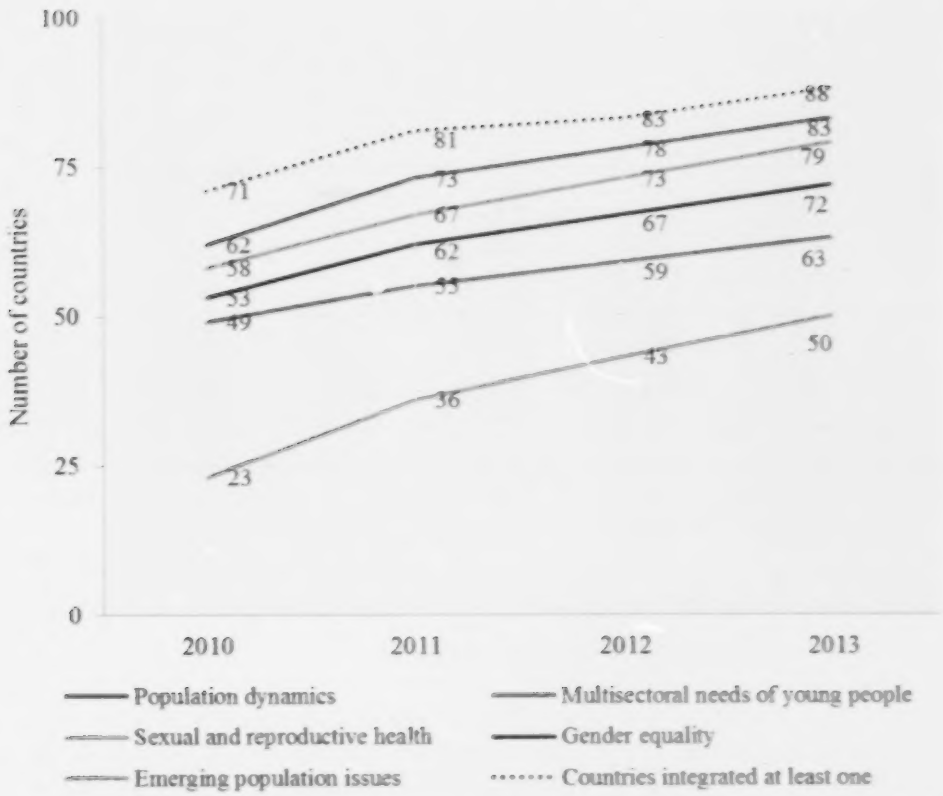
34. In 2013, UNFPA expended $669.9 million of both regular resources and other resources on seven development outcomes of the strategic plan. Of this amount, the largest share, $199.7 million (29.8 per cent), was spent on maternal and newborn health, followed by $187.8 million (28.0 per cent) on family planning. The remaining 42.2 per cent of the expenditure ($282.4 million) was shared by the other five outcome areas. In addition, UNFPA spent $93.0 million on programme activities, primarily programme coordination and assistance.

C. Progress achieved, by development results framework outcomes

Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies

35. The incorporation of population dynamics into development planning increased between 2010 and 2013. The number of countries whose national development plans considered emerging population issues, such as ageing, increased the most, and almost doubled – from 23 in 2010 to 50 in 2013. However, since 2011, the integration of sexual and reproductive health services into national health policies and plans has remained constant at 57.

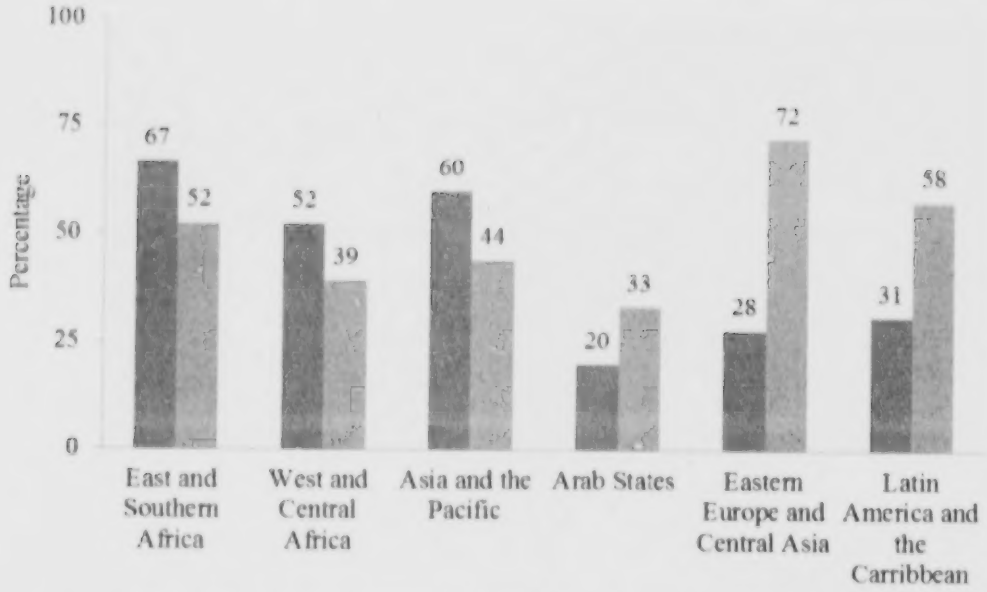
Figure 4: Number of countries whose national development plans address population issues



Source: UNFPA country office annual reports, 2010-2013

36. In East and Southern Africa, West and Central Africa, and Asia and the Pacific, trends in integrating sexual and reproductive health into health policies and plans correlated closely with UNFPA support to build such capacity (see figure 5). In the Arab States, Eastern Europe and Central Asia, and Latin America and the Caribbean, where less integration occurred relative to the amount of capacity-building, the correlation was lower.

Figure 5: Percentage of countries, in each UNFPA region, that integrated sexual and reproductive health services into national health policies and plans and countries that received UNFPA support for this integration



Source: UNFPA country office annual reports, 2013

37. Capacity-building interventions included training and the creation of an evidence-based and inclusive enabling environment that empowers stakeholders, including the disadvantaged, to contribute to policy formulation. The number of people trained in incorporating population dynamics issues into national plans and programmes increased from 1,677 in 2011 to 3,327 by 2013. The number of countries with UNFPA support that institutionalized mechanisms that forged partnerships with young people, including adolescents, in policy dialogue and programming, increased from 58 to 82. UNFPA surpassed the planned 2013 targets for all these indicators.

Outcome 2: Increased access to and utilization of quality maternal and newborn health services

38. Global trends indicate a reduction in maternal mortality and improvements in universal access to reproductive health. Over 50 countries reduced maternal mortality during 2000-2010 at a faster rate than during the previous decade. The use of skilled birth attendants increased from 63 per cent in 2010 to 67 per cent in 2011. However, of the 74 countries where more than 95 per cent of maternal deaths occur, only nine countries are on track to achieve Millennium Development Goal target 5a and target 5b. Evidence indicates that there has been steady progress in accessing reproductive health services, although only 51 per cent of women receive the recommended minimum four antenatal care visits, and 140 million women have unmet need for family planning.

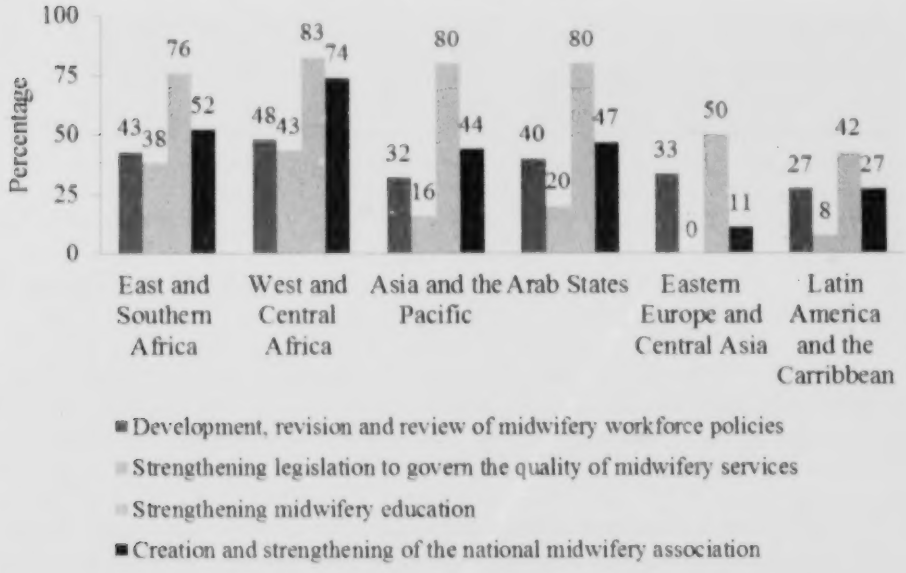
39. During 2012 and 2013, UNFPA achieved its targets of strengthening national capacities to increase access to and use of high-quality maternal and newborn health

services. UNFPA supported 43 countries in implementing comprehensive midwifery programmes and 38 countries in strengthening their emergency obstetric and newborn care, exceeding the 2013 targets of 41 and 31, respectively.

40. With the support of the maternal health thematic fund, UNFPA strengthened midwifery by: (a) improving and expanding midwifery training in 30 countries; (b) completing midwifery gap analyses in six countries; (c) launching four multimedia online training modules; (d) establishing or strengthening midwifery associations in 26 countries; and (e) advocating and achieving better laws and policies that support midwifery work in 30 countries. UNFPA helped to improve the teaching and life-saving skills of over 1,000 midwifery tutors and provided support for over 190 midwifery schools through the provision of clinical training models, equipment and supplies (see annex 9).

In Ethiopia, the availability of midwives increased 35 per cent—from 4,700 in 2012 to 6,325 in 2013—as a result of UNFPA support to 31 midwifery training institutions. This progress towards the country's target to train 8,635 midwives by 2015 is critical for Ethiopia, where only 10 per cent of births are delivered at a health facility attended by skilled health personnel.

Figure 6: Percentage of countries, in each UNFPA region, reached by UNFPA midwifery service interventions

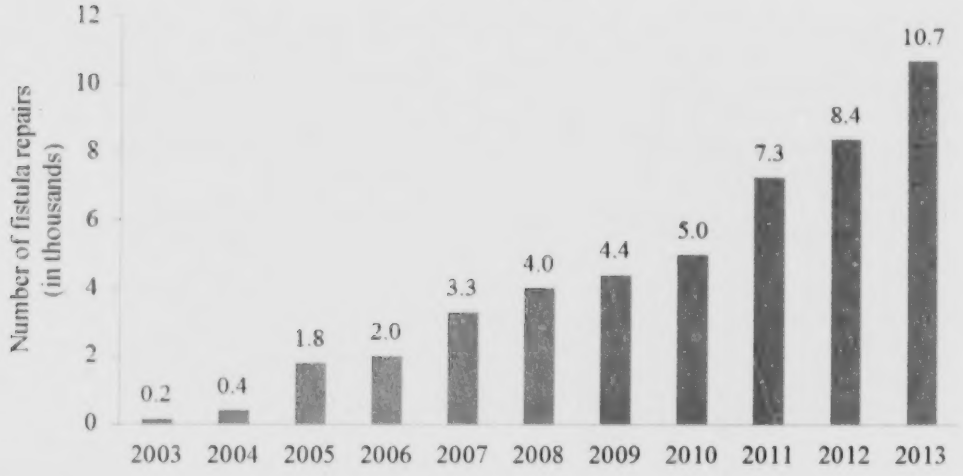


Source: UNFPA country office annual reports, 2013.

41. With regard to national capacity to increase access to emergency obstetric and newborn care services, UNFPA support led to the completion of needs assessments and costed emergency obstetric and newborn care operational plans in 34 countries. UNFPA also provided 32 countries with essential emergency obstetric and newborn care supplies and supported the establishment or strengthening of systems for surveillance, notification and/or auditing of maternal deaths in 26 countries.

42. Support for surgery to repair obstetric fistulas improved access to high-quality maternal health services. UNFPA played a pivotal role as the only United Nations fund that supports such life-changing surgery. UNFPA led the Campaign to End Fistula, an expanding global partnership. Through UNFPA support to 55 countries, the number of fistula repairs has increased, doubling from 5,000 in 2010 to more than 10,700 in 2013. The campaign focused on: (a) providing free fistula repair services; (b) improving communication between those in need and service providers through innovative toll-free hotlines and cell phones, especially for rural women; (c) strengthening hard-to-reach health facilities; and (d) enhancing coordination at the national level.

Figure 7: UNFPA supported surgical fistula repairs since the start of the Campaign to End Fistula



Source: Maternal health thematic fund reports, 2003-2012, and UNFPA country office annual reports, 2013

Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

43. Between 2010 and 2012, the global contraceptive prevalence rate increased from 56.2 per cent to 56.6 per cent, and the unmet need for family planning decreased from 12.8 per cent to 12.6 per cent. While global trends indicate steady, albeit slow improvements, much remains to be achieved in the 48 least developed countries.

44. UNFPA contributed to the increased utilization of family planning services by: (a) strengthening the policy and enabling environment for family planning at the country level; (b) enabling a secure supply of contraceptives; (c) establishing functional logistics management information systems; (d) raising awareness and generating demand; and (e) building local capacity for family planning service delivery. UNFPA implemented these interventions under the framework of its new family planning strategy, "choices not chance", which it launched in 2012.

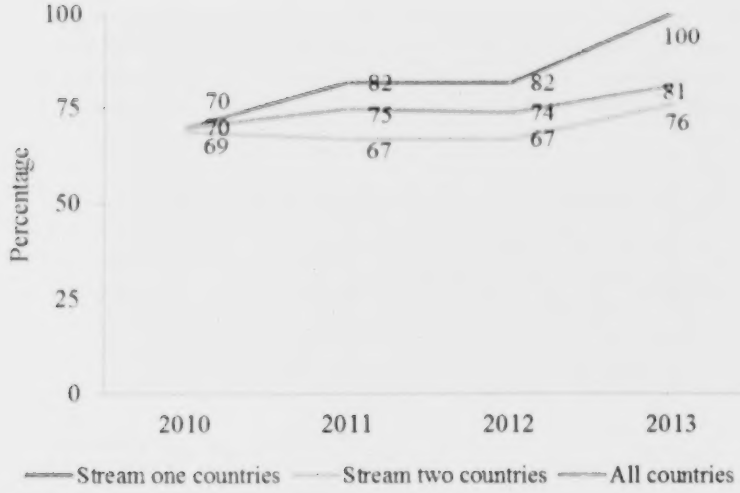
45. These interventions also constitute pillars of the Global Programme to Enhance

Reproductive Health Commodity Security, which provides a full package of the above interventions to 12 "stream one" countries – Burkina Faso, Ethiopia, Haiti, Lao People's Democratic Republic, Madagascar, Mali, Mongolia, Mozambique, Nicaragua, Niger, Nigeria and Sierra Leone–and an abridged package of these interventions to 34 "stream two" countries.

46. As figure 8 illustrates, focusing on a select group of countries makes a difference. The availability of modern contraceptives, measured by the percentage of service delivery points that offer at least three modern contraceptive methods, increased at a faster rate in stream one countries. The rate of increase was particularly high in 2013, the year following the 2012 London Family Planning Summit, where UNFPA made a commitment to accelerate the use of family planning.

In Madagascar UNFPA is the only United Nations organization supporting family planning in the Ministry of Health. Sixty per cent of the funds for Madagascar provided by the Global Programme to Enhance Reproductive Health Commodity Security are used to procure contraceptive supplies. This support generated over 1 million couple years of protection annually since 2011, helped to protect 20 per cent of the women of reproductive age from pregnancy, and contributed to an increase in contraceptive use, from 29 per cent in 2009 to 33 per cent in 2013.

Figure 8: Percentage of countries where at least 80 per cent of service delivery points offer three or more modern contraceptive methods



Source: UNFPA country office annual reports, 2010-2013

47. Stream two countries are also making progress. In Rwanda, support provided for training in contraceptives logistics management and for establishing secondary family planning health posts near Catholic health centres contributed to dramatic increases in contraceptive use – from 9 per cent in 2005 to 44 per cent in 2011. In Afghanistan, support for building capacity for increased stock levels and for providing a method mix was associated with an increase in the number of clients served–from 835,000 in 2012 to 956,000 in 2013. In Azerbaijan and Mexico, landmark policy and law changes made the environment more conducive for family planning programmes.

Outcome 4: Increased access to and utilization of quality prevention services for HIV and sexually transmitted infections, especially for young people (including adolescents) and other key populations at risk

48. Trends in many HIV indicators demonstrate encouraging results. There was a 33 per cent decline globally in the number of new HIV infections, from 3.4 million in 2001 to 2.3 million in 2012. Annual new HIV infections decreased by 50 per cent or more between 2001 and 2012 in 26 countries. AIDS-related deaths also declined – from 2.3 million in 2005 to 1.6 million in 2012. However, 40 per cent of all new infections occur among young people, of which approximately two thirds occur among girls aged 15 to 19.

49. Between 2005 and 2012, it is estimated that the number of AIDS-related deaths among adolescents increased by 50 per cent. Between 2001 and 2012, HIV prevalence declined in sub-Saharan Africa by 42 per cent; globally, prevalence for young men stagnated at 0.3 per cent, and decreased only slightly for young women– from 0.6 to 0.5 per cent.

50. Working within the United Nations Joint Programme on HIV/AIDS (UNAIDS), UNFPA sought to: (a) reduce new HIV infections in young people, women and other vulnerable population groups; and (b) increase access to integrated HIV and sexual and

reproductive health services. UNFPA focuses on the 38 UNAIDS-designated priority countries.

51. In 2012-2013, UNFPA supported 27 countries to conduct assessments of the linkages between sexual and reproductive health and rights and HIV, exceeding its 2013 target of 26 countries. Such assessments inform the programming of integrated HIV and sexual and reproductive health services. Globally, 82 per cent of countries address the integration of HIV services in their national strategic plans; 70 per cent have integrated services in antenatal care to prevent mother-to-child transmission of HIV; 67 per cent have integrated HIV and sexual and reproductive health services.

52. UNFPA continued support for male and female condom-related procurement and demand generation. By 2013, seven countries had implemented a condom demand-generation framework targeting young people. Condom use has contributed to declining infection rates; yet donor support for condom availability decreased in 2012 compared to 2011—with one billion fewer male condoms available, and 11.6 million fewer female condoms available.

53. To reverse this trend, UNFPA launched the "condomize" campaign at the 17th International Conference on AIDS and Sexually Transmitted Infections in Africa. It supported national campaigns, including those in Ecuador, Malawi and Zambia. In Malawi, the campaign reached and provided services for over 7,000 youth (65 per cent male and 35 per cent female).

54. By 2013, UNFPA had supported strengthened capacity for community-led organizations and networks that address HIV and the sexual and reproductive health-related needs of sex workers in 29 of the 38 UNAIDS priority countries. In 2013, the World Health Organization, in collaboration with UNFPA and the Network of Sex Work Projects, the World Bank, and the UNAIDS secretariat, published a tool for implementing comprehensive HIV and sexually transmitted infection programmes with sex workers. This tool reflected the strength and dynamism of the partnership.

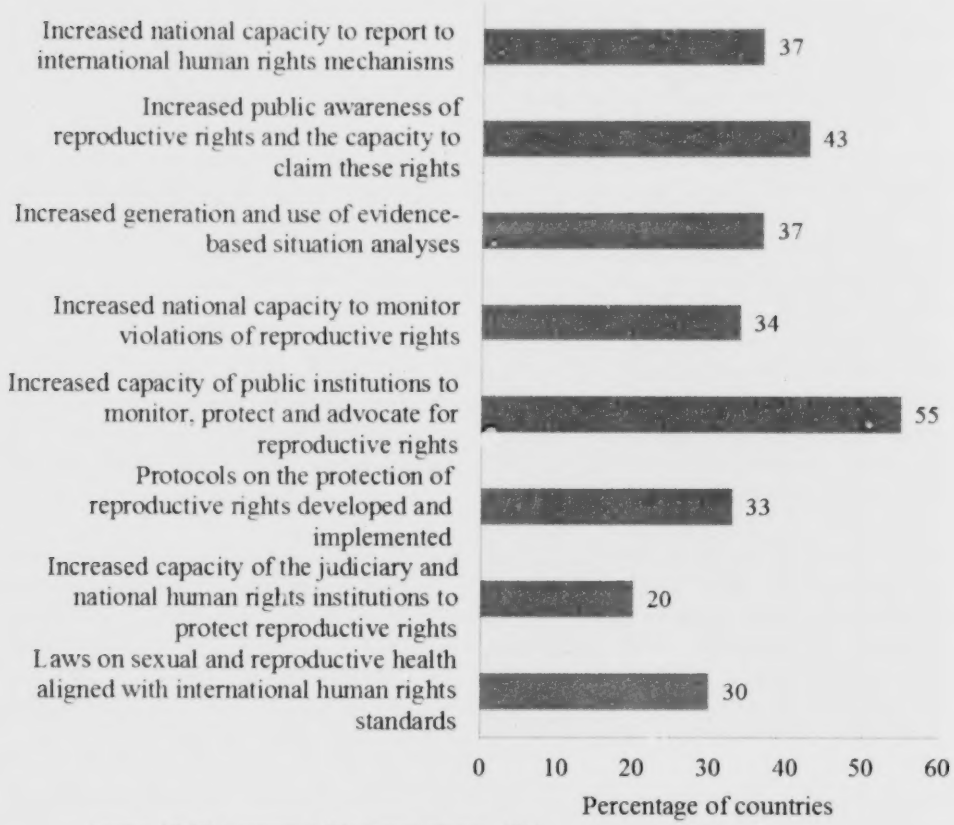
Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and the implementation of laws and policy

55. According to the 2013 *Human Development Report*, although gender inequality is declining around the world, regional disparities remain. The percentage of women aged 20-24 who were married or in union before age 18 decreased from 35 per cent in 2000-2009 to 34 per cent in 2012-2011. The percentage of countries with mechanisms to implement laws and policies advancing gender equality increased from 45 per cent in 2011 to 54 per cent in 2013.

56. Enhancing the legal and policy environment is one way that UNFPA seeks to prevent gender-based violence (see figure 9). According to the Committee on the Elimination of Discrimination against Women, of those countries required to submit a national report, the percentage of countries with mechanisms to implement laws and policies to advance gender equality increased from 45 per cent in 2011 to 54 per cent in 2013. A recent review of 56 reports submitted by States to the Universal Periodic Review showed that 67 per of the sexual and reproductive health and rights-related

recommendations made by the Universal Periodic Review were partially or fully implemented. UNFPA was instrumental in enabling countries such as Morocco and Mozambique to implement such recommendations.

Figure 9: Percentage of countries, by improvements in the legal environment to prevent gender-based violence in 128 UNFPA programme countries


Increased national capacity to report to international human rights mechanisms
37
Increased public awareness of reproductive rights and the capacity to claim these rights
43
Increased generation and use of evidence-based situation analyses
37
Increased national capacity to monitor violations of reproductive rights
34
Increased capacity of public institutions to monitor, protect and advocate for reproductive rights
55
Protocols on the protection of reproductive rights developed and implemented
33
Increased capacity of the judiciary and national human rights institutions to protect reproductive rights
20
Laws on sexual and reproductive health aligned with international human rights standards
30
0
10
20
30
40
50
60
Percentage of countries

Source: UNFPA country office annual reports, 2013

57. By 2013, UNFPA led or co-led coordination mechanisms on gender-based violence in humanitarian settings in 29 of 30 focus countries. The number of personnel trained in gender-based violence programming increased from 1,107 in 2011 to over 4,000 in 2013, far surpassing the target of 1,750. That preparedness was critical in providing 38,000 women in the Syrian Arab Republic with access to gender-based violence prevention services and reproductive health services, and 70,000 people in Jordan with access to reproductive health services.

58. UNFPA work on the abandonment of female genital mutilation has been internationally recognized. The evaluation of the UNFPA-United Nations Children's Fund (UNICEF) Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change confirmed that the programme had made an impact in 15 target countries. General Assembly resolution 67/146 on intensifying global efforts for the elimination of

female genital mutilations welcomed the efforts of the joint programme and called upon the international community to support a second phase of the programme, which uses a holistic, culturally-sensitive and rights-based approach. The number of UNFPA-supported communities declaring the abandonment of female genital mutilation/cutting increased almost fourfold – from 1,093 in 2011 to 4,033 in 2013.

58. UNFPA also contributed to gender equality by supporting positive outcomes at key international forums, such as the 57th session of the Commission on the Status of Women, which recognized the critical link between sexual and reproductive health and rights and violence against women, and the International Conference on Female Genital Mutilation/Cutting, organized by the Government of Italy, UNFPA and UNICEF. The Conference produced a moving forward statement (A/68/640) that was submitted to the sixty-eighth session of the General Assembly.

Outcome 6: Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents

59. In implementing its strategy on adolescents and youth, UNFPA improved young people's access to sexual and reproductive health services by strengthening country capacity to scale up youth-friendly services. The number of countries where UNFPA supported capacity development for the provision of sexual and reproductive health services to young people increased from 77 in 2011 to 101 in 2013. The number of countries that UNFPA supported in designing and implementing comprehensive programmes to reach marginalized adolescent girls increased from eight in 2011 to 19 in 2013. Both indicators surpassed their 2013 targets, 97 and 15, respectively.

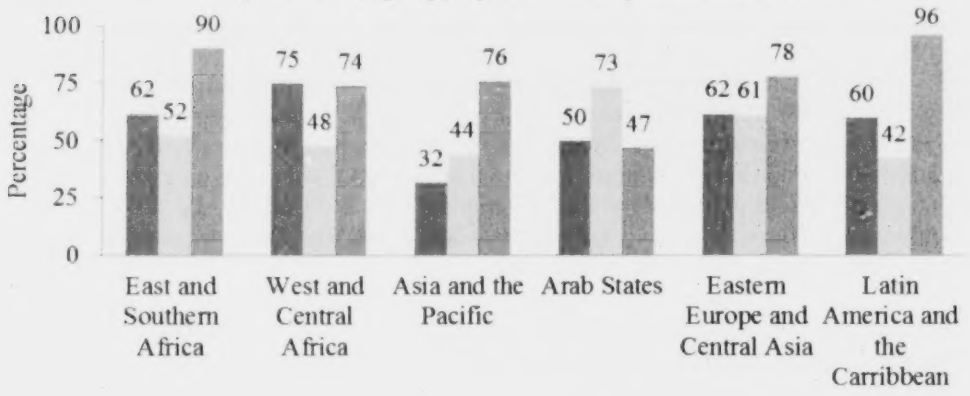
60. To improve access to sexuality education for young people, including adolescents, UNFPA supported 102 countries in 2013 to design and implement comprehensive sexuality education programmes, exceeding its target of 90 countries. As part of this support, by 2013, 528 experts had been trained on designing, implementing and evaluating comprehensive sexuality education programmes.

In Colombia, UNFPA supported the replication of good practices in order to improve the effectiveness of the programme for scaling up youth-friendly health services. The programme focuses on 192 municipalities with the highest rates of adolescent pregnancy. Under this programme, a highly successful television series was commissioned, inspired by the South African "Soul City" media initiative, to reach adolescents and promote responsible rights-based sexuality. The current campaign, "Por mi yo decido" (I decide for myself) has reached approximately 2 million adolescents, aged 10 to 19.

61. Results of this support are reflected in the coverage of comprehensive, age-appropriate sexuality education. By 2013, the coverage in school settings stood at 55 per cent of UNFPA programme countries, albeit with substantial regional disparities, as shown in figure 13. The support also contributes to knowledge regarding the prevention of HIV transmission, which, according to the UNAIDS global report on the AIDS epidemic, 2013, increased among young people in sub-Saharan Africa – by five percentage points for men (to 36 per cent) and by three percentage points for women (to 28 per cent) during

the period 2002 to 2011.

Figure 10: Percentage of countries, in each UNFPA region, implementing comprehensive, age-appropriate sexuality education, 2012-2013



■ In-school comprehensive sexuality education
■ Out-of-school comprehensive sexuality education
■ Supported by UNFPA to design and implement comprehensive sexuality education

Source: UNFPA country office annual reports and the ICPD global survey

62. UNFPA continued to advocate and position adolescent sexual and reproductive health issues on the international stage. Building on the momentum created by the inaugural International Day of the Girl Child in 2012, UNFPA pressed for global awareness of child, early and forced marriages. Adolescent pregnancy was the focus of the 2013 *State of the World Population* report. UNFPA, in fulfilling the commitment it made on the inaugural International Day of the Girl Child, began investments in 12 countries in asset-building approaches for adolescent girls and girl-centred programmes that seek to reduce child marriage and early pregnancy. Work has begun in Guatemala, India, Mozambique, Niger and Sierra Leone.

Outcome 7: Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning), and gender equality

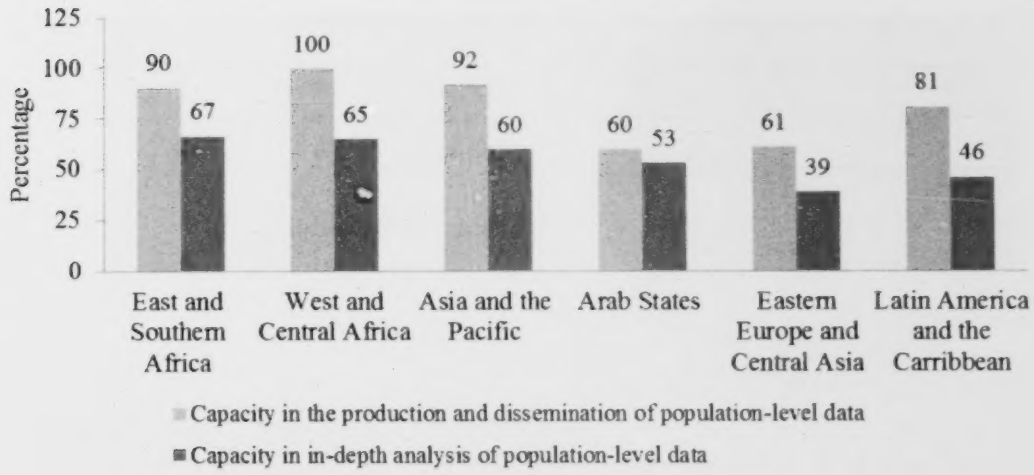
63. In 2013, 20 countries completed their 2010 round of population and housing censuses, for a total of 78 countries that have completed censuses. There were 110 countries in 2013 that conducted household surveys that enabled the estimation of indicators for Millennium Development Goal target 5b.

64. UNFPA support for the production and dissemination of censuses, surveys and other statistical data increased, from 79 countries in 2010 to 106 in 2013. This is equivalent to 83 per cent of UNFPA programme countries, and exceeds the 2013 target of 103 countries. The coverage was particularly high in West and Central Africa (100 per cent), East and Southern Africa (92 per cent) and in Asia and the Pacific (91 per cent).

65. UNFPA support for strengthening national capacities in data analysis to inform

decision-making and policy formulation in the areas of population dynamics, youth, gender equality, and sexual and reproductive health continued to increase in 2013. Seventy-one countries received support for in-depth analyses of population censuses and household surveys; 3,370 people were trained in the analysis of population-level data; and 1,463 people were trained in population-level data analysis in humanitarian situations, exceeding all 2013 respective annual targets. UNFPA support was highest in the countries of West and Central Africa and in those of Asia and the Pacific (figure 11).

Figure 11: Percentage of counties, in each UNFPA region, supported by UNFPA to build capacity in population-level data collection, analysis, dissemination and use



Source: UNFPA country office annual reports, 2013

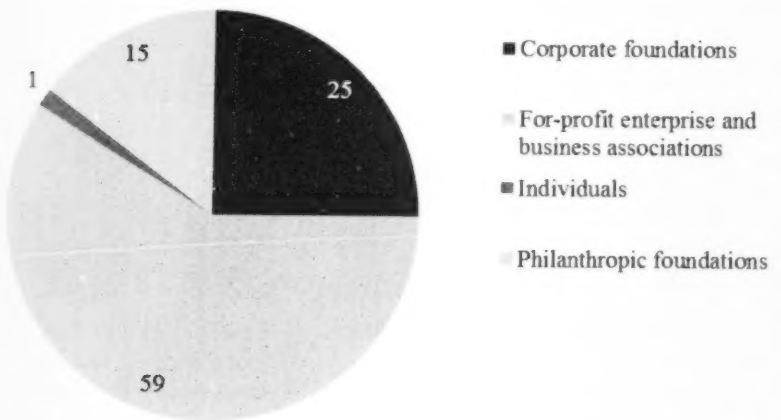
D. Cross-cutting issues

66. This section reports on four of six cross-cutting issues identified in the midterm review of the strategic plan, 2008-2013: (a) mainstreaming the needs of young people, including adolescents; (b) human rights and gender equality; (c) inclusive partnerships and national ownership; (d) humanitarian action; (e) United Nations reform; and (f) South-South cooperation. Issues (a) and (b) have been covered in this report in the

sections on outcomes 1 and 5.

67. In 2013, strengthening partnerships with civil society organizations and the private sector was a corporate priority. UNFPA formed a new civil society advisory panel to better engage with civil society organizations and networks and other partners on programming, policies and the implementation of the ICPD Programme of Action. Forty-five UNFPA country offices maintained 68 private sector partnerships. UNFPA strengthened the capacity of its country offices to secure such partnerships.

Figure 12: Percentage of partnerships with the private sector, by types of organizations, 2013



Source: UNFPA country office annual reports, 2013

68. UNFPA improved humanitarian action through the launch, in 2012, of its second generation humanitarian response strategy. This strategy mainstreamed humanitarian response preparedness into development plans

When typhoon Haiyan struck the Philippines in November 2013, over 3.5 million women and girls of child-bearing age were affected, including 253,000 pregnant women. UNFPA supported its partners and medical facilities in the affected regions to ensure women's and girls' access to life-saving reproductive health services. UNFPA also led mobile medical missions that reached nearly 10,000 women and girls, who received maternal health care, family planning services and information sessions about gender-based violence. UNFPA also distributed 12,000 dignity and hygiene kits to pregnant women, breastfeeding mothers, and women and girls

and led to the appointment of full-time humanitarian coordinators in four of six UNFPA regions; two regions have focal points. In 2013, UNFPA utilized a surge roster and fast-track procedures that enabled prompt responses to emergencies. It deployed surge roster staff to Iraq, Lebanon, Myanmar, the Philippines and the Syrian Arab Republic to support country offices in providing services. Moreover, UNFPA supported training for 8,122 people in the minimum initial service package (from 5,315 in 2011), which surpassed the 2013 target of 5,700.

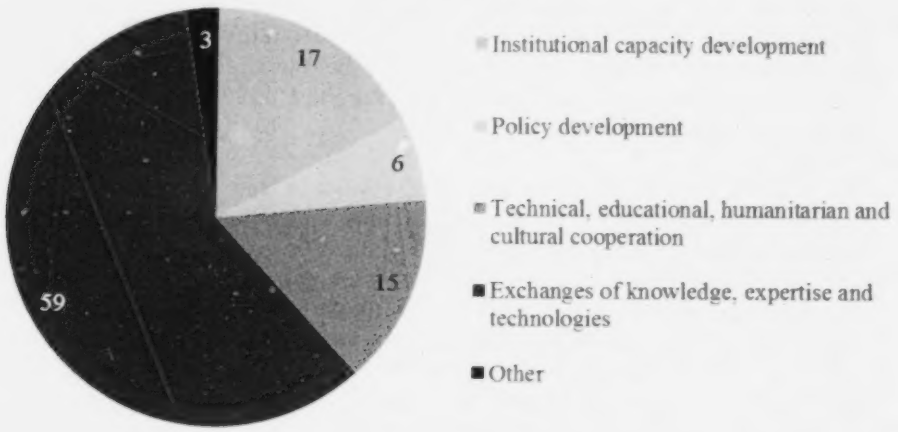
69. In 2013, UNFPA participated in and implemented United Nations reform measures. UNFPA mainstreamed the recommendations of the quadrennial comprehensive policy review in its strategic plan, 2014-2017. These recommendations included: (a) strengthening sustainable development; (b) poverty eradication; (c) South-South cooperation; (d) gender equality; and (e) cost-sharing of the resident coordinator system (see annex 10). UNFPA also included in its strategic plan common indicators with UNDP, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Food Programme to promote common approaches to monitoring and reporting on the implementation of the quadrennial comprehensive policy review.

70. UNFPA contributed to increased coherence and effectiveness of the United Nations by chairing or co-chairing forums, including: (a) the United Nations Development Group high-level group on standard operating procedures for "Delivering as one"; (b) the United Nations Development Group networks on programming; (c) the fiduciary management oversight group; (d) the procurement network of the High-level Committee on Management; and (e) the joint funding and business operations network. The Executive Director, UNFPA, co-led the review exercise of the United Nations system Chief Executives Board for Coordination and the high-level dialogue on international migration and development.

71. At the country level, UNFPA participated in 196 joint programmes. As part of the H4+, a joint effort to improve the health of women and children by the United Nations and its related programmes and agencies, UNFPA worked on the Secretary-General's global strategy for women's and children's health, to accelerate interventions to reduce maternal and neonatal mortality.

72. Guided by its South-South cooperation strategy, which UNFPA revised in 2011, UNFPA facilitated 159 South-South cooperation initiatives, the majority of which focused on exchange of knowledge, expertise and technologies, and on institutional capacity development (figure 13). In over 60 per cent of these initiatives, UNFPA helped to secure financial resources; in about 50 per cent, it provided technical support; and in 25 per cent, it participated in the selection of partners. Each region had at least 15 initiatives at the country level. Asia and the Pacific region, which has a region-specific plan and guidance on South-South cooperation, had the highest number of initiatives (30).

Figure 13: Percentage distribution by areas in which UNFPA facilitated 159 South-South cooperation initiatives in 2013



Source: UNFPA country office annual reports, 2013

E. Key challenges

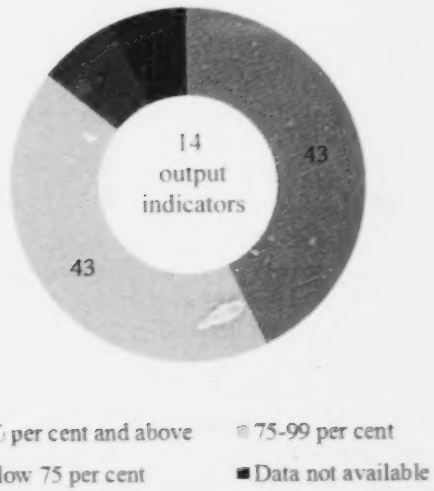
73. The belief in, commitment to and support for gender equality, sexual and reproductive health and reproductive rights, including comprehensive sexuality education, are not universal. National systems, especially the leadership and evidence-based approaches needed to implement the UNFPA mandate, are not readily available in many countries. Insecurity, political instability and natural disasters exacerbate these challenges. UNFPA has responded by: (a) emphasizing local partnerships and evidence-based advocacy to sustain the momentum for implementing the ICPD Programme of Action; (b) strengthening national capacity for implementing the ICPD Programme of Action; and (c) enhancing the integration of humanitarian response preparedness into regular development work.

V. Management results framework

74. This section analyses the progress made in relation to the output targets of the 2012-2013 management results framework. Of the 14 indicator targets, six were 100 per

cent achieved; six were 75-79 per cent achieved; and the achievement for one was below 75 per cent. An analysis by output follows.

Figure 14: Percentage distribution of the achievement of targets for output indicators

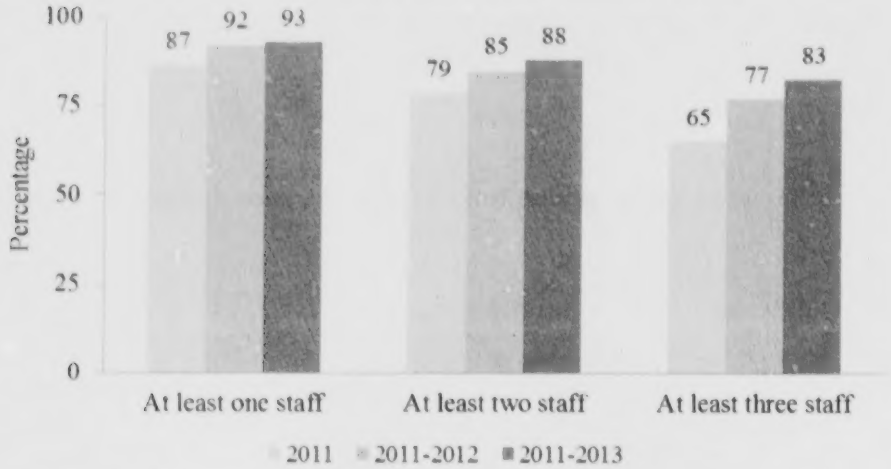


Output 1: Enhanced programme effectiveness through strengthened results-based and evidence-based programming

75. Programme planning, monitoring and evaluation improved in 2012-2013. UNFPA country programmes are now stronger, and have higher-quality, planned evaluations whose results are integrated into programming. Of country programme evaluations conducted in 2012-2013, 19 per cent were rated as satisfactory, compared to 9 per cent in 2010-2011. Approximately 86 per cent of the accepted country programme evaluation recommendations were followed up.

76. Progress achieved in results-based management derives largely from the capacity-strengthening efforts of the past two years. Figure 15 shows that the training of staff in results-based management has steadily increased.

Figure 15: Percentage of country offices by cumulative number of staff members trained in results-based management, 2011-2013



Source: UNFPA country office annual reports, 2011-2013

77. UNFPA strengthened knowledge management in leading practices (see annex 8). By 2013, the good-practice database held 185 collections, an increase from only 33 in 2011. A good-practice competition, which debuted in 2012 and is held twice a year, has encouraged the generation of good practices.

78. UNFPA took advantage of the stronger results framework of its strategic plan, 2014-2017, to improve the monitoring of results. In 2013, UNFPA began the development of a global programming system that supports the monitoring of implementing partners' annual work plans, and a strategic information system, which includes a module of monitoring results at all levels of the organization. UNFPA will launch these systems in 2014.

Output 2: Strengthened stewardship of resources through improved efficiency and risk management

79. UNFPA continued to manage its operations in a cost-effective manner. The percentage of total income used for recurrent management costs in 2013 was 11.5 per cent, with costs managed effectively within the approved appropriations. During 2012-2013, the proportion of recurrent management costs compared to total income was 11.2 per cent, lower than the approved ratio (13.3 per cent) in the biennial budget.

80. As indicated in the report of the Executive Director for 2012, actions taken by UNFPA in national execution audits have yielded positive results. During 2010-2012, UNFPA audited over 81 per cent of its nationally executed expenditures. The proportion of "qualified" reports dropped from 13 per cent for 2010 expenditures to 7.5 per cent for 2012 expenditures. The proportion of audited expenditures that was unsupported dropped dramatically – from 3.6 per cent (with a financial impact of $6 million), to 0.93 per cent

(with a financial impact of $1.48 million). The percentage of UNFPA operating fund account advances that were overdue was reduced from 6.0 per cent in 2011, to 2.9 per cent in 2012, and to 2.4 per cent in 2013. These results are evidence of improved and effective UNFPA programme delivery.

81. During 2013, UNFPA launched a project that focused on operational excellence, to find ways to further improve the efficiency and effectiveness of programme delivery. The project reviews business processes in several key areas (human resources, procurement, finance and travel) at headquarters and in field offices, to identify activities that can be carried out in a more cost-efficient manner. The project also explores "right-sourcing" solutions, in collaboration with other United Nations organizations, to establish shared service centres.

Output 3: Appropriately staffed UNFPA with high-performing professionals fulfilling its mission

82. In 2013, responding to the midterm review of the strategic plan, 2008-2013, UNFPA focused its efforts on maintaining adequate staffing levels to carry out its mission, and on strengthening its culture of accountability by addressing underperformance.

83. In 2013, to minimize vacancy rates and strengthen the annual rotation exercise, UNFPA developed and implemented a leadership pool concept. UNFPA assesses potential candidates for their readiness to fill leadership positions. This has helped to build UNFPA "bench strength" for critical leadership positions. UNFPA identified 35 potential leaders from a pool of 1,700 applicants, and will deploy the leaders in 2014. UNFPA also developed and disseminated a leadership policy.

84. Despite these efforts, the UNFPA vacancy rate increased from 15 per cent in 2012 to 16 per cent in 2013. This is largely attributable to new programme posts established during 2013. The vacancy rate for institutional budget posts declined from 12 per cent in 2012 to 10.3 per cent in 2013.

85. UNFPA revised its competency framework in 2013, updated post profiles in the performance appraisal and development system, and launched a guide for supervisors on addressing performance issues. It interlinked the office management plan and the performance appraisal and development system to establish lines of responsibility and supervision, and key performance indicators.

86. UNFPA achieved a 100 per cent compliance rate in 2013 for its performance appraisal and development system. Staff members with performance issues received systematic support. The number of underperforming staff whose contracts were not renewed, or who left the organization voluntarily, increased.

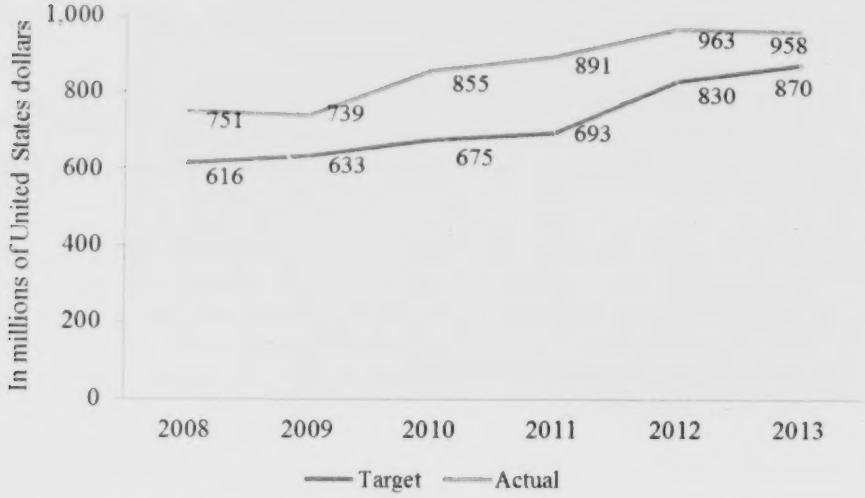
87. To strengthen leadership within UNFPA, 121 managers from country, regional, and headquarters offices participated in the UNFPA leadership development programme, facilitated by Cranfield University (United Kingdom). Organizational-change teams introduced innovations at various levels.

88. In 2013, UNFPA developed a new human resources strategy, 2014-2017, which aligns human resources management with the UNFPA strategic plan, 2014-2017, and the accompanying business model. UNFPA launched the strategy in 2014.

Output 4: Secured broad-based and stable funding to meet the strategic plan resource requirements

89. During the period of the strategic plan, 2008-2013, UNFPA consistently met its resource mobilization targets. In 2013, UNFPA surpassed its strategic plan resource mobilization targets by 16 per cent, mobilizing a total of $958 million compared to the target of $870 million, as shown in figure 16.

Figure 16: Resources (gross) mobilized versus strategic plan targets, 2008-2013



Source: UNFPA Resource Mobilization Branch

90. Although the contribution to the revenue of regular resources increased by 5 per cent in 2013 from 2012, it represented a shortfall of 13 per cent, compared to the 2013 strategic plan regular resources target. Co-financing revenue decreased by 5 per cent in 2013 from 2012 levels, but surpassed the 2013 strategic plan target by 30 per cent.

91. In previous years, the proportion of total contributions that were regular resources remained robust, ranging from 57 per cent in 2008 to 51 per cent in 2011. In 2012, this trend reversed: 45 per cent of contributions received were for regular resources and 55 per cent were for co-financing. In 2013, the situation improved slightly: regular resources increased to 48 per cent, and co-financing resources decreased to 52 per cent.

92. UNFPA has one of the largest donor bases in the United Nations system (127 Member States in 2013), and has strengthened its relationship with emerging donors. Nonetheless, approximately 97 per cent of contributions to regular resources come from only 15 donors. To diversify its donor base, UNFPA strengthened its engagement with non-traditional donors and partners, including international financial

institutions, regional banks, civil society and the private sector. Consistent with the quadrennial comprehensive policy review priority areas on funding, UNFPA supports a stable and critical mass of core resources.

93. In 2013, UNFPA empowered country and regional offices to generate partnerships and revenue, to support efforts to broaden its resource mobilization base. Each regional office recruited a senior staff member to mobilize partnerships to support UNFPA programmes. By the end of 2013, eight new partners had signed agreements with UNFPA, for a total of $1 million in new funding. Existing partnerships with the private sector resulted in a number of recurring donations. UNFPA has established over 40 formal partnership arrangements with the private sector.

94. The downturn in the global economy continued to challenge resource mobilization efforts. UNFPA consulted with donors on critical mass in the context of the quadrennial comprehensive policy review, and intensified interactions with donors and their domestic constituencies through public events and briefings.

VI. Elements of a decision

95. The Executive Board may wish to:

(a) Take note of the documents that make up the report of the Executive Director for 2013: DP/FPA/2014/5 (Part I, Part I/Add.1 and Part II);

(b) Take note of the progress achieved in implementing the results frameworks of the UNFPA strategic plan, 2008-2013;

(c) Acknowledge the efforts undertaken by UNFPA to implement the revised strategic direction and the recommendations of the midterm review of the strategic plan, 2008-2013, through the business plan;

(d) Support the positioning of the UNFPA mandate in the post-2015 development agenda.